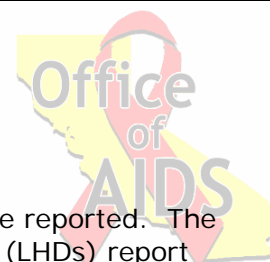


HIV REPORTING UPDATE – SEPTEMBER 2006



California Law Requiring HIV Reporting by Name

On April 17, 2006, a new California law took effect, changing the way that HIV cases are reported. The new law requires that health care providers, laboratories, and local health departments (LHDs) report cases of HIV infection using patient names instead of coded identifiers. For more information about the new HIV reporting law, visit the California Department of Health Services, Office of AIDS (CDHS/OA) Web site at www.dhs.ca.gov/AIDS.

Monthly HIV/AIDS Statistics

On a monthly basis, OA disseminates summary statistics that describe the extent of California's HIV/AIDS epidemic. These routine surveillance reports are available on OA's Web site at www.dhs.ca.gov/AIDS/Statistics. Beginning in April 2006, the monthly HIV statistics published by OA reflect the number of HIV cases reported by name. For HIV statistics based on cases reported by non-name code, refer to surveillance reports published prior to April 2006, available on OA's Web site.

Since implementation of the new HIV reporting requirements, a total of 598 HIV cases have been reported by name. In May 2006, there were no LHDs in California reporting name-based HIV cases. Two LHDs began reporting HIV cases by name in June. The number of reporting LHDs then increased from 8 during the month of July to 15 by the end of August.

Name-Based HIV Cases Reported, 2006

Month	Total Monthly Cases	New Cases
May	0	0
June	40	40
July	131	91
August	598	467

Source: CDHS/OA, HIV/AIDS Case Registry Section, data as of August 31, 2006. For more information, call the HIV/AIDS Case Registry at (916) 449-5866.

LHDs Reporting HIV Cases by Name, 2006

LHD	June	July	Aug.
Stanislaus			
Ventura			
Imperial			
Marin			
Riverside			
San Francisco			
Sonoma			
Tuolumne			
Butte			
Fresno			
Kern			
San Bernardino			
San Diego			
San Joaquin			
Tulare			

HIV/AIDS Confidentiality Agreement

The new HIV reporting law requires that state and LHD staff and contractors sign a confidentiality agreement prior to accessing any confidential HIV-related public health records. This agreement stipulates the penalties for the disclosure of any confidential records as well as the procedures for reporting a breach of confidentiality. The most recent version of the HIV/AIDS Confidentiality Agreement is available on OA's Web site at www.dhs.ca.gov/AIDS.

What's new in HIV Reporting?

Visit OA's Web site at www.dhs.ca.gov/AIDS and click [HIV Reporting](#) for the latest news and information on HIV reporting in California. Interested parties will find up-to-date information related to HIV reporting activities, along with materials and other resources. You can now find the most recent letter released by OA informing health care providers about changes in the law that may affect their HIV reporting practices. Also, you can find the latest instructions to health care providers about how to

HIV REPORTING UPDATE – SEPTEMBER 2006



report HIV cases under “Other Reporting Information.” A link to the HIV Reporting page is available under the “Contractor/Provider Resources” menu selection on OA’s home page.

Technical Assistance – Questions and Answers

1. I have identified an HIV case by name that was previously entered into the HIV/AIDS Reporting System (HARS) by non-name code (NNC). How can I update this case in HARS?

- From the log of State Numbers issued to your jurisdiction, assign the next available number to the name-based HIV case.
- Record in the log the State Number of the previously reported NNC case on the same line as the newly assigned State Number.
- *Only for surveillance programs that have a HARS computer:*
 - Retrieve the previously reported NNC HIV case from HARS.
 - Enter the State Number of the NNC HIV case, which appears on the top right corner of the HARS screen, in a local field on Screen 16 labeled “Non-Name HIV Case State Number.”
 - Change the State Number on Screen 1 to the newly assigned State Number from your log and save the record.
- Reflect the changes made to the previously reported NNC HIV case report form: (a) put a single line through the old State Number and write the name, newly assigned State Number, and any other newly collected information, (b) highlight all those changes and other updates on the case report.

2. Are viral load tests with “undetectable” results reportable?

Yes, “undetectable” viral load test results should be reported. It is possible for an HIV-positive individual to respond well to treatment and have undetectable levels of the virus. Because viral load tests are used to monitor HIV disease, the results of viral load tests, even undetectable results, should be reported.

3. How should laboratories submit HIV test results with names to LHDs?

OA strongly recommends that laboratories use only secure methods for the transfer of HIV-related information containing patient names. These secure methods include the use of traceable mailing services or person-to-person data transfers between authorized staff. OA recommends that laboratory reports containing confidential HIV-related patient information not be sent via fax. OA advises LHDs to work with reporting laboratories to develop protocols that will ensure the security and confidentiality of HIV-related data during the reporting process.

Name-based HIV reporting regulations have been drafted and are currently undergoing review at CDHS. The proposed regulations would require data transfer by traceable mail or person-to-person, and may also require encryption of electronic data.

4. What should LHDs do about reporting HIV cases if health care providers have given assurances since April 17, 2006, that the individual’s name would not be reported?

Health care providers are required by law to report cases of HIV infection by name, and should not be providing assurances to their patients that are in conflict with the law. If patients have been told that they would not be reported by name, CDHS/OA suggests that the LHD inform the health care provider about the requirements of the new law; recommend to the health care provider that s/he informs the patient about the new reporting requirements; and recommend to the health care provider that s/he documents in the chart that the patient was informed. CDHS/OA suggests that LHDs report these cases at the time of the first HIV-related test they receive after the informing and documenting occur.